

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
NEW MEXICO 88240
RECEIVED

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM-080258

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		2. NAME OF OPERATOR Marbob Energy Corporation		3. ADDRESS OF OPERATOR P.O. Drawer 217, Artesia, N.M. 88210		4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1650 FSL 660 FEL Unit I		6. IF INDIAN, ALLOTTEE OR TRIBE NAME		7. UNIT AGREEMENT NAME		8. FARM OR LEASE NAME Lynx "C" Federal		9. WELL NO. 2		10. FIELD AND POOL, OR WILDCAT Maljamar Grbq SA		11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA Sec. 15-T17S-R32E		12. COUNTY OR PARISH LEA		13. STATE N.M.	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4033' DF																					

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>	WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>	(Other) <u>Return to production</u>	<input checked="" type="checkbox"/>		
(Other)	<input type="checkbox"/>			(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)			

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting and proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

7/15/88
RU, RIH w/ 3 3/4" bit & 4 collars, clean well out to 3810',
sqd perfs 3187-3208 w/100 sx cmt, drld out to 3810',
tstd csg to 1000#--held okay, tagged & drld out 1st plug,
starting drlg out next plug @ 12:30, cleaned out to 4140'.
Welex perfed csg @ 3678-3801', acd perfs 4064-4108' w/1000
gals 15% ac, acd perfs 3906-3946' w/1500 gals 15% ac,
acd perfs 3678-3801' w/1500 gals 15% NE ac, swab tst
250' every 15 min, 20% oil. Frac perfs 3678-3801 w/20,000
gals gel, flow back frac, hook to tank battery--cutting
20% oil. Released pkr, circ oil, POH w/pkr, RIH, circ
sand, pulled RBP, RIH w/ 2 3/8" tbq & landed @ 4107'.
Ran rods & put on pump.

18. I hereby certify that the foregoing is true and correct

SIGNED Rhonda Nelson TITLE Production Clerk DATE 7/20/88

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side